

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT
DISTRICT OF MASSACHUSETTS

CHRISTOPHER PAUL CONLIN

Plaintiff,

EXPERIAN CORPORATION

EQUIFAX CORPORATION

TRANS UNION CORPORATION

Civil No.

PLAINTIFFS MOTION TO PROCEED IN PRO SE

Now comes the Plaintiff and states he is indigent. Pursuant to the Federal Rules of Civil Procedure the Plaintiff asks the court to allow this motion.

Respectfully Submitted



Christopher Paul Conlin

3 Lynn Street

Fitchburg, Massachusetts 01420

Telephone (978)-343-3945

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2003

1040

IRS Use Only—Do not write or stamp in this space.

For the year Jan. 1–Dec. 31, 2003, or other tax year beginning

2003, ending

20

OMB No. 1545-0047

Label

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

LABEL HERE

Your first name and initial

Christopher

Last name

Conlin

If a joint return, spouse's first name and initial

Last name

Your social security number

087 50 4686

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 19.

3 LYNN ST

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.

FITCH BURY

MA

01920

Important!

You must enter your SSN(s) above.

You

Spouse

☐ Yes ☒ No ☐ Yes ☐ No**Filing Status**

Check only one box.

1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household with qualifying person. (See page 20.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child. (See page 20.)**Exemptions**

If more than five dependents, see page 21.

6a ☐ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.b ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☐ Qualifying child for child tax credit (see page 21)

No. of boxes checked on 6a and 6b

No. of children on 6c who are:
• lived with you
• did not live with you but for divorce or separation (see page 21)

Dependents on 6c not reported above

Add numbers on lines above

d Total number of exemptions claimed

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

8c Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 23)

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13a Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

b If box on 13a is checked, enter post-May 5 capital gain distributions

14 Other gains or (losses). Attach Form 4007

15a IRA distributions

15b Pensions and annuities

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

21 Other income. List type and amount (see page 27)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses (see page 29)

24 IRA deduction (see page 29)

25 Student loan interest deduction (see page 31)

26 Tuition and fee deduction (see page 32)

27 Moving expenses. Attach Form 5903

28 One-half of self-employment tax. Attach Schedule SE

29 Self-employed health insurance deduction (see page 33)

30 Self-employed SEP, SIMPLE, and qualified plans

31 Penalty on early withdrawal of savings

32a Alimony paid b Recipient's SSN ▶

33 Add lines 23 through 32a

34 Subtract line 33 from line 22. This is your adjusted gross income

For Disclosure, Privacy Act, and Paperwork Reduction Act Notices, see page 77.

Cat No. 140570

Form 1040 (2003)

I Certify this is a true copy of my 2003 Tax return

Christopher Paul Conlin

Dec 3, 2004